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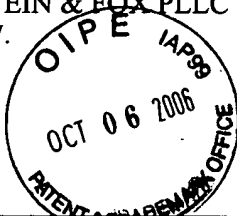
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07/10/2006

STERNE, KESSLER, GOLDSTEIN & FOX PLLC
 1100 NEW YORK AVENUE, N.W.
 WASHINGTON, DC 20005



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/893,743	06/29/2001	David Israel	2013.0040000	3343

TITLE OF INVENTION: METHOD AND SYSTEM FOR SWITCHING AMONG INDEPENDENT PACKETIZED AUDIO STREAMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/10/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARPER, KEVIN C	2616	370-389000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sterne Kessler

2 Goldstein & Fox PLLC

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 10/10/2006 MAHME2 00000187 09893743

(A) NAME OF ASSIGNEE

IP Unity

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Milpitas, CA

01 FC:1501

02 FC:1504

03 FC:8001

1400.00 OP

300.00 OP

9.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 3

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Lori A. Gordon

Date October 6, 2006

Typed or printed name

Lori A. Gordon

Registration No. 50,633

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